

Date: _____

DRAFT

CRITERIA FOR PRIOR AUTHORIZATION

Appropriate NDC Code

(Item or Procedure Here)

Palladone[®] (hydromorphoneER)

(Item or Procedure Here)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug requires prior authorization:

Palladone[®]

CRITERIA: (Must meet all of the following)

1. Patient must currently be receiving opioid therapy and demonstrate opioid tolerance (defined as those who are taking at least 60mg oral morphine/day, or at least 30mg oral oxycodone/day, or at least 8mg oral hydromorphone/day, or an equianalgesic dose of another opioid, for a week or longer).
2. Patient currently requires a minimum total daily dose of opiate medication equivalent to 12mg of oral hydromorphone.
3. Patient requires continuous analgesia for persistent, moderate to severe pain (prn dosing contraindicated).
4. Treatment period is anticipated to be greater than 2 weeks.

Criteria recommended by the Drug Utilization Review Committee

Drug Utilization Review Program Manager

Pharmacy Program Manager,
Health Care Policy Division

Date: _____

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Narcotic Equivalency Chart

Pharmacokinetic profiles are summarized in the following table using morphine as the standard:

Pharmacokinetics of Narcotic Agonist Analgesics ¹						
Drug	Onset (minutes)	Peak (hours)	Duration ² (hours)	t _{1/2} (hours)	Approximate equi-analgesic doses ³ (mg)	
					Parenteral	Other
Alfentanil	immediate	nd ⁴	nd ⁴	1 to 2 ⁵	IM 0.4 to 0.8	nd ⁴
Codeine	10 to 30	0.5 to 1	4 to 6	3	IM 120 to 130 SC 120	Oral 180 - 200 ⁶
Fentanyl	7 to 8	nd ⁴	1 to 2	1.5 to 6	IM 0.1 to 0.2	Transdermal 25 mcg/hr
Hydrocodone	nd ⁴	nd ⁴	4 to 6	3.3 to 4.5	nd ⁴	Oral 30
Hydromorphone	15 to 30	0.5 to 1	4 to 5	2 to 3	IM 1.3 to 1.5 SC 1 to 1.5	Oral 7.5
Levomethadyl	2 to 4 hrs	1.5 to 2	48 to 72	2 to 6 days	nd ⁴	nd ⁴
Levorphanol	30 to 90	0.5 to 1	6 to 8	11 to 16	IM 2 SC 2	Oral 4
Meperidine	10 to 45	0.5 to 1	2 to 4	3 to 4	IM 75 SC 75 to 100	Oral 300 ⁶
Methadone	30 to 60	0.5 to 1	4 to 6 ⁷	15 to 30	IM 10 SC 8 to 10	Oral 10 to 20
Morphine	15 to 60 ⁸	0.5 to 1	3 to 7	1.5 to 2	IM 10 SC 10	Oral 30 to 60
Oxycodone	15 to 30	1	4 to 6	nd ⁴	IM 10 to 15 SC 10 to 15	Oral 30 ⁶
Oxymorphone	5 to 10	0.5 to 1	3 to 6	nd ⁴	IM 1 SC 1 to 1.5	Rectal 5, 10
Propoxyphene (PO)	30 to 60	2 to 2.5	4 to 6	6 to 12	nd ⁴	Oral 130 ⁹
Remifentanyl	1	1 min	short ¹⁰	≈ 3 to 10 min	nd ⁴	nd ⁴
Sufentanil	1.3 to 3 ⁵	nd ⁴	nd ⁴	2.5	IM 0.01 to 0.04	nd ⁴